# MULTIPLE DEPENDENT CLAIM
# FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

**SERIAL NO:** 10/601,862

**FILING DATE**

**APPLICANT(S)**

CLAIMS

4-28-04   2-10-05

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 1 | | 1 | | |
| 4 | | 1 | | | | |
| 5 | | 1 | | 1 | | |
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| TOTAL IND. | 2 | 0 | 2 | 0 | | 0 |
| TOTAL DEP. | 10 | | 7 | | | |
| TOTAL CLAIMS | 12 | | 9 | | | |

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| TOTAL IND. | | | 0 | | 0 | | 0 |
| TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)